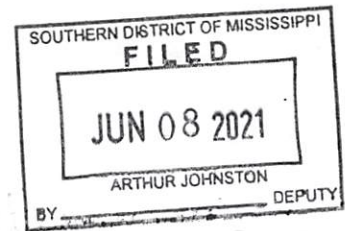


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

COMPLAINT



Arthur
(Last Name) (Identification Number)
DeMarcus Da'Shawn
(First Name) (Middle Name)
Clarks County Jail
(Institution)
444 West Donald Street
(Address)
(Enter above the full name of the plaintiff, prisoner and address of plaintiff in this action)

V.

CIVIL ACTION NUMBER:

2:21cv86-KS-MTP
(to be completed by the Court)

Todd Kemp
Barry White
Ryan Evans

(Enter the full name of the defendant(s) in this action)

GENERAL INFORMATION

- A. At the time of the incident complained of in this complaint, were you incarcerated?
Yes (✓) No ()
- B. Are you presently incarcerated?
Yes (✓) No ()
- C. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?
Yes () No (✓)
- D. Are you presently incarcerated for a parole or probation violation?
Yes () No (✓)
- E. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?
Yes () No (✓)
- F. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?
Yes () No (✓)

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank.)

I. Name of plaintiff: DeMarcus Atterbury Prisoner Number: 159657
 Address: 444 West Donald Street, Clarke
County Jail, Quitman, MS 39355

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions and places of employment of any additional defendants.)

II. Defendant: Barry White is employed as Chief Deputy
Jail administrator at Clarke County Jail

The plaintiff is responsible for providing his/her address and in the event of a change of address, the new address of plaintiff as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME: DeMarcus Atterbury ADDRESS: Quitman, MS 444 West Donald
Street Clarke County Jail, 39355

DEFENDANT(S):

NAME: Todd Kemp ADDRESS: 444 West Donald St. Quitman MS 39355
Barry White 444 West Donald St. Quitman MS 39355

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any lawsuits in a court of the United States? Yes () No (☒)
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse of this page or additional sheets of paper.)

CASE NUMBER 1.

1. Parties to the action: _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket Number: _____
4. Name of judge to whom case was assigned: _____
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) _____

CASE NUMBER 2.

1. Parties to the action: _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket Number: _____
4. Name of judge to whom case was assigned: _____
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) _____

STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet(s) if necessary).

① I have either a fractured or broken ankle that has been denied medical attention
 ② m. Bailey while Todd Kemp have blocked me from contacting my love ones/family
 ③ They are blocking me from receiving my government mail + im being held here in Clarke County on bogus charges

My ankle is
 healing wrongs
 because of denied
 medical attention.

RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

For some type of relief, concerning Clarke County Sheriff's Department to get me the medical attention I need as do what they suppose to bring held here in Clarke County Jail + to stop the cruel punishment.

Signed this 17 day of May, 2021.

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

DeMarcus Atterberry
 Signature of plaintiff